



**UNDER THE NATIONAL CODE OF PRACTICE FOR INDUCTION FOR CONSTRUCTION WORK**

### A. Statement of Training Number

**\*SOT**

**Current Name**

\*Title:

\* Family Name:

\*Given Name:

\*Middle Name/Other Name:

\*Gender

\*Date of Birth (DD MM YYYY)

\*Daytime Contact Number

Male

Female

19

Email (optional)

\*Street No

\*Street Address

\*Suburb

\*State

\*Postcode

**Postal Address (must be an Australian address and accompanied by a residential address above)**

Same as above or

Suburb

State

Postcode

\*RTO Name

\*WorkCover Approval Number

\*Nominated Trainer's Name

\*Nominated Trainer's Identification Number TR

\*Date of Training (DD MM YYYY)

\*Training Start Time

\*Training End Time

\*Total time of all breaks taken

(24 hour clock)

(24 hour clock)

**OR** I was successfully assessed for Recognition of Prior Learning (RPL).

\*Date of Assessment:

(such as a National Certificate of Competency)

Have you ever been issued with a WorkCover NSW issued licence or a Construction Induction Card

(tick box)

Yes

No

I, the Applicant recorded in section A of this form, wish to apply for a WorkCover NSW Construction Induction Card. I certify that the details on this form are true and correct and confirm I have successfully completed general induction training under the National Code of Practice For Induction For Construction Work, as detailed in section D.

**\*Applicant Signature**

Date (DD MM YYYY)

(Date of Declaration)

It is an offence under the Crimes Act 1900 and Occupational Health and Safety Regulation 2001 to make false or misleading statements in this form. Heavy penalties apply.